

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Pima
City of Tucson
Town of _____
or _____
City of _____

State Index No. 143
Co. Registrar's No. 28
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

(No. _____ St. _____ Ward _____)

ALL NAME OF CHILD John Humbat Sandige Born YES
child is not named, make Supplemental Report on blank obtainable from local Registrar. Alive YES

Sex of child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate <u>yes</u>	Date of Birth <u>Jan 6 1920</u> Month Day Yr.
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FATHER			MOTHER		
Full Name <u>John Richard Sandige</u>	Full Maiden Name <u>Florence Humbat</u>		Full Maiden Name <u>Florence Humbat</u>		
Residence <u>Claypool, Ariz.</u>	Residence <u>Claypool, Ariz.</u>		Residence <u>Claypool, Ariz.</u>		
Color or Race <u>White</u>	Age at last Birthday <u>27</u> Years		Color or Race <u>White</u>	Age at last Birthday <u>23</u> Years	
Birthplace <u>Illinois</u>			Birthplace <u>Mo.</u>		
Occupation <u>Expert Gardener</u>			Occupation <u>Housewife</u>		

Number of child of this Mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan 6 1920 at 11:15 PM

*When there is no attending physician or midwife, then the householder should make this return.

Signature C. R. Swackhamer, M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191____

Address Tucson, Arizona

Filed 1/12/1920 J. H. Slaughter LOCAL REGISTRAR.
A True Copy
Filed 1/15 1920 R. G. Fox COUNTY REGISTRAR.

125-106-649
COUNTY REGISTRAR.